

## **Special Transit Service Policy**

The City of Colorado Springs, Transit Services Division (TSD) is prohibited from using federally funded equipment and facilities to provide charter service per 49CFR section 604.9(b). TSD will consider requests if the special service meets the following criteria:

1. People are **not** being transported for the exclusive use of the vehicle
2. No other organization (e.g. private bus company, school bus) could provide this service.

If the above criteria are met, special transit will be considered after weighing the following:

1. Is the event City Sponsored
2. Completion of the Special Transit Request Form
3. Appropriateness of request

Special transit requests that are granted will be charged the fully allocated cost of the service.

The Federal Transit Administration (FTA) requires us to do the following to preclude the service being considered a charter service:

- The busses must be open to the public.
- We must charge a fare (up to our basic fare (currently \$1.75; but can be less)).

### **Request for bus service or charter is allowable if the request is for:**

- Grant recipient transporting transit employees
- Transit management officials
- Transit contractors and bidders
- Government officials and official guests (Federal, State, and local Government officials)
- Emergency preparedness planning and operations
- Actions directly involving and responding to an emergency situation
- Transit training outside its geographic service area.

Approvals or denials for services will be signed off by the transit services division manager or designee, after the application request has been submitted and reviewed. Once an application has been approved or denied, a copy will be forwarded to the requesting party with a copy kept on file at Mountain Metropolitan Transit.

## Special Transit Service Checklist

Question	Yes or No
1. Could this service be provided by another organization (e.g. Ramblin Express, Gray Line, School Buses)?	
2. Is TSD transporting people for the exclusive use of the vehicle?	
<b>If yes to the above, then TSD cannot grant the request.</b>	
Is the event City Sponsored?	
Are City Council members involved?	
Are PPRTA Board members involved?	
Is travel within El Paso County?	
Is the travel area accessible by buses?	
Are there any safety concerns?	
Do we have enough buses available for the service?	
Do we have the correct type of buses available for the service?	
Are there liability issues?	
Has the Special Transit Request form been completed with no concerns?	
Is the request appropriate with TSD's goals and vision?	

Mountain Metropolitan Transit  
**Special Transit Service Request Form**  
1015 Transit Drive  
Colorado Springs, CO 80903

.....  
**Special Service Details:**

Requested dates of service (Day/Date): \_\_\_\_\_

Requested hours of service:

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Location bus(es) report to: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

.....  
**\Payment/Billing Information:**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact for Billing: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

.....  
Service Detail (description of service to be provided): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Estimated number of passengers per day (Adult/Children): \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

\_\_\_\_\_.

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**Office Data Only (pre-trip):**

Total estimated hours of service: \_\_\_\_\_

Cost per hour: \_\_\_\_\_

Additional Costs: \_\_\_\_\_ Detail: \_\_\_\_\_

Total Estimated Cost for Service: \_\_\_\_\_

Total estimated miles: \_\_\_\_\_

Total vehicles needed: \_\_\_\_\_

\_\_\_\_\_

Approved      Disapproved

TSD Director or Designee Signature

**Office Data Only (post trip):**

Actual hours of service: \_\_\_\_\_

Cost per hour: \_\_\_\_\_

Additional costs: \_\_\_\_\_

Total Costs: \_\_\_\_\_

Total Miles: \_\_\_\_\_

Total vehicles provided: \_\_\_\_\_

Total fares collected: \_\_\_\_\_ Amount billed: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date received: \_\_\_\_\_